

DRIVING PARK YOUTH REGISTRATION



1100 Rhoads Avenue, Columbus, OH 43206. 614-645-3228									DRIVING	
Sport/ Activity	RASERA	LL							BASEI LEAI	TH BALL SUE
			ION							
	Sex: Male	le	Date of Birth:							
			City:				∠	ıp Coa	e:	
	Work Pho	ne:								
	Emergency Phone:									
REGISTRANT INF	ORMATIC	N (3 C	hildr	en p	er Fo	rm)				
	Sex: M / F Age: Date					of Birth:				
	Cell Phone:									
Zip:	School:									
eight:	T-Shirt Size									
				YL	AS	AM	AL	AXL	A2XL	A3XL
	Work Phone:									
	Relationship (ex. Mother):									
ntion (ex. Allergies):								,		
Player/Coach Request):										
First Name, M.I.	D.O.B Ma		Male	le/F Pant/Shirt School						
Assistant Coach	Score keeping			Referee/Umpire						
Fund Raising Banguet/ Food Donation	Other	_								
	REGISTRANT INF Zip: eight: Player/Coach Request): First Name, M.I. DIAN VOLUNTEER Of You are willing to assist. (Checked assistant Coach Fund Raising	Sport/ Activity BASEBA PARENT INFORMATION REGISTRANT INFORMATION Sex: Male Work Phote Zip: School: T-Shirt Size Pant Size: Work Phone: Relation (ex. Allergies): First Name, M.I. DIAN VOLUNTEER OPPORTUNG Assistant Coach Score Fund Raising	Sport/ Activity BASEBALL PARENT INFORMAT Sex: Male / Fema Work Phone: Emergence REGISTRANT INFORMATION (3 C) Sex: M / II Co Zip: School: First Name, M.I. Player/Coach Request): First Name, M.I. DIAN VOLUNTEER OPPORTUNITIES Fou are willing to assist. (Check all that apply): Assistant Coach Fund Raising Sex: Male / Fema Work Phone: Relationshi D.O.B	Sport/ Activity BASEBALL PARENT INFORMATION Sex: Male / Female City: Work Phone: Emergency Pho REGISTRANT INFORMATION (3 Childr Sex: M / F Cell Pho Zip: School: Paight: T-Shirt Size: YS YM Pant Size: YS YM Work Phone: Relationship (ex. Interest of the property of the pro	Sport/ Activity BASEBALL PARENT INFORMATION Sex: Male / Female Date City: Work Phone: Emergency Phone: Sex: M / F Age: Cell Phone: Zip: School: Pant Size: YS YM YL Work Phone: Work Phone: Relationship (ex. Mother than 100 mothers): Player/Coach Request): Player/Coach Request): First Name, M.I. D.O.B Male/F Pant Size: YS YM YL DIAN VOLUNTEER OPPORTUNITIES You are willing to assist. (Check all that apply): Assistant CoachScore keeping	Sport/ Activity BASEBALL PARENT INFORMATION Sex: Male / Female Date of Bir City:	Sport/ Activity BASEBALL PARENT INFORMATION Sex: Male / Female Date of Birth:	Sport/ Activity BASEBALL PARENT INFORMATION Sex: Male / Female Date of Birth:	Sport/ Activity BASEBALL PARENT INFORMATION Sex: Male / Female Date of Birth:	Sport/ Activity BASEBALL PARENT INFORMATION Sex: Male / Female Date of Birth:

FEES AND REGISTRATION

LEAGUE DIVISIONS AND FEES (Due at Registration)

COST

4-7 YEAR OLD T-BALL, 10-12 YEAR OLD MAJORS, _ _ 7-9YEAR OLD COACH PITCH, _ 11-14 GIRLS SOFTBALL \$ Shown Cost 30.00 Cost 40.00 Cost 40.00 Cost 30.00

TRANSPORTATION AND PHOTO CONSENT

I authorize my child(ren) to ride in a Columbus Recreation and Parks vehicle or private bus transportation utilized by the City. In case of an accident, damage to property, injury or death, I will not hold the City of Columbus, employees or affiliates responsible. Initial I authorize Columbus Recreation and Parks to use my child(ren) photos (Circle) YES NO

CODE OF BEHAVIOR

As a parent/player & volunteers, we hereby agree not to use foul, profane, or abusive language while participating or attending any Driving Park games or events. This includes any derogatory remarks made to another player, coach, referee/ umpire, or fan. Parents/guardians/family members are encouraged to attend practices and games. Parents are asked to serve or volunteer to help aid and support activity. Any violation of this code may result in being dismissed from this league without any refund. All players are required to keep their uniforms neat and clean. All players must be in complete uniform to play a scheduled game, including hat and team shirt, pants/shorts, cleats, shoes, socks, glove or any uniform of sport indicated. Initial

LIABILITY RELEASE

I understand that by signing this form, I acknowledge that all sports require physical activity with inherent risks, and that my child's voluntary participation carries the risk of Concussions, bodily injury, including death. By signing as parent/ guardian/ caregiver I acknowledge of having read the "Ohio Dept. of Health information sheet found here; www.healthy.Ohio.gov/concussion and understand the risk and my responsibility to report any symptoms to coach and their physician. I have received the handout and/or reviewed the Lindsay's Law (Sudden Cardiac Arrest in Youth Athletes) found here www.odh.ohio.gov/en/landing/Lindsays-Law. I certify that my child is physically fit to compete in all sports and related physical activities. By signing, I intend to be legally bound, do hereby, for myself, my heirs, executors, and administrator, waive release and forever discharge any and all rights and claims for damages, known or unknown, which may occur or which may hereafter occur to the athlete in connection with these activities against the City of Columbus, Recreation and Parks Department, Driving Park community center and employees, Driving Park Youth Baseball League, respective Board of Directors, coaches, officers of the City and/or the DPYBL, whether such harm or damage is caused by any act or omission or otherwise, any and all damages for which may be sustained by the athlete.

I HAVE READ THE FOREGOING RELEASE AND THOROUGHLY UNDERSTAND IT: